

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND. DEP. IND. DEP. IND. DEP.
1	1						51	
2		1					52	
3							53	
4		3					54	
5	1						55	
6		1					56	
7	1						57	
8		1					58	
9	1						59	
10		1					60	
11		1					61	
12							62	
13							63	
14		2					64	
15	1						65	
16		1					66	
17	1						67	
18		1					68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	15						TOTAL DEP.	
TOTAL CLAIMS	21						TOTAL CLAIMS	